AMERICAN EXPRESS OF CORPORATE MEMBERSHIP REWARDS INDIVIDUAL MEMBERSHIP REWARDS PROGRAMME CANCELLATION

Please cancel the Individual Membership Rewards account for the following employees.

(Remember to communicate your decision and the effective cancellation date to your impacted Card Members. American Express will not notify them of the programme cancellation. Please contact your Account Manager for information on how to cancel Card Member enrolment in the Individual Membership Rewards programme.)

Please use BLOCK letters to complete this form.

COMPANY INFORMATION		
COMPANY NAME: CORPORATE IDENTITY NUMBER (BCA):		
CARDS TO BE CANCELLED FROM THE INDIVIDUAL MEMBERSHIP REWARDS PROGRAMME		
FIRST NAME(S): LAST NAME: CARD NUMBER:	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	
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FIRST NAME(S): LAST NAME: CARD NUMBER:	$x_1x_1x_1x$	
FIRST NAME(S): LAST NAME: CARD NUMBER:	$x_1x_1x_1x$	
FIRST NAME(S): LAST NAME: CARD NUMBER:	$x_1x_1x_1x$	
FIRST NAME(S): LAST NAME: CARD NUMBER:	$x_1x_1x_1x$	
FIRST NAME(S): LAST NAME: CARD NUMBER:	$x_1x_1x_1x$	

Please provide a cancellation date a minimum of seven working days from the submission date of this form and remember to allow sufficient time to communicate your decision to the impacted Cardmembers. DESIRED CANCELLATION DATE: DESIRED CANCELLATION DATE: Card Members will have thirty days from the cancellation date to redeem any outstanding points, however any redemptions during this time can only take place over the phone. If the Membership Rewards account is linked to another American Express® Card, it will not be cancelled but points earned from Corporate Card transactions will discontinue. Tick here if you wish to prevent all Corporate Card Members in your company from enrolling in Individual Membership Rewards in the future.

CONFIRMATION		
Please cancel Individual Membership Rewards enrolment for the Card Members listed in Section 2. Requested by the Authorised Signatory or Corporate Membership Rewards Programme Administrator for and on behalf of the company.		
FIRST NAME(S):		
LAST NAME:		
DESIGNATION:		
TELEPHONE NUMBER:		
BUSINESS EMAIL ADDRESS FOR CONFIRMATION OF CARD ENROLMENT		
CANCELLATION:		
to contact you should more information be required from you regarding this cancellation. You will also receive Corporate Membership Rewards programme	SIGNATURE: X Please email a scanned copy of your completed and signed form to cmrsubmissions.sg@aexp.com	
BUSINESS EMAIL ADDRESS FOR CONFIRMATION OF CARD ENROLMENT CANCELLATION: This is mandatory as a means to contact you should more information be required from you regarding this cancellation. You will also receive Corporate	X D ₁ D _M MY ₁ Y	

upon request.

*Please note this email address may only be used for the purpose of submissions of applications, cancellations or changes relating to the Corporate Membership Rewards programme. Unfortunately, we are unable to reply from this email address if correspondence is not related to the topics indicated.

By signing and transmitting an electronic signature on this document, I confirm that this electronic signature shall be binding. I agree to promptly execute and deliver an original signed document

